

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5507

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 80

02 03
AGE OF DEATH 53
AND
UAL RESIDENCE

✓
DECEDENT 3
PERSONAL DATA 183
6
XJO

443X
CAUSE OF DEATH (ITEM 18) 0

OPERATIONS, AUTOPSY 2
DEATH DUE TO EXTERNAL VIOLENCE

MEDICAL CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR 08

1. PLACE OF DEATH A. COUNTY Cochise		2. USUAL RESIDENCE A. STATE Arizona B. COUNTY Cochise	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN Bisbee (Rural))		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN Bisbee (Rural) (Warren))	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Frontier Road		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 42 Black Knob	
3. NAME OF DECEASED A. (FIRST) DORA B. (MIDDLE) ELIZABETH C. (LAST) ALTHAUS		4. SEX Female 5. COLOR OR RACE White	
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH Mar. DAY 16 YEAR 1867	
8. AGE YEARS 83 MONTHS 8 DAYS 8		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife	
9B. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	
11. CITIZEN OF WHAT COUNTRY? U.S.a.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
13. SOCIAL SECURITY NO. None		14A. FATHER'S NAME Adolph Quindel	
14B. BIRTHPLACE (STATE OR COUNTRY) Germany		15A. MOTHER'S MAIDEN NAME Marie Wendel	
15B. BIRTHPLACE (STATE OR COUNTRY) Texas		16. INFORMANT'S SIGNATURE Mrs. Ida Althaus - Warren Ariz.	
17. DATE OF DEATH (MONTH) NOVEMBER (DAY) 24 (YEAR) 1950		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTION. 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Myocardial Deconperation ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAYING THE UNDERLYING CAUSE LAST. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. INTERVAL BETWEEN ONSET AND DEATH 3 days 10 years 10 years	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec 49 TO Feb 50 THAT I LAST SAW THE DECEASED ALIVE ON 11-24 19 50 AND THAT DEATH OCCURRED AT 12 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
23A. SIGNATURE Margaret H. Huns M.D.		23B. ADDRESS Bisbee Ariz.	
23C. DATE SIGNED 11-25-50		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	
24B. DATE Nov. 26, 1950		24C. NAME OF CEMETERY OR CREMATORY McNeal Cemetery	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) McNeal, Arizona		25A. DATE REC'D BY LOCAL REG. 11-27-50	
25B. REGISTRAR'S SIGNATURE Margaret of McNealy		25C. FUNERAL DIRECTOR'S SIGNATURE Hugh Egan	
25D. EMBALMER'S SIGNATURE Hugh Egan		25E. ADDRESS Bisbee, Arizona	
25F. CERT. NO. 241			